| _ | 2 2007 | ther a pplicabl | P A or <u>Fax</u> (5 | Iail Stop ISSU ommissioner for O. Box 1450 lexandria, Virgin 571)-273-2885 | February 7 Patents Docket ia 22313-1450 A | No.: M9990138 |
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| APPLICATION NO. | FILING DATE | | FIRST NAMED INVENTO | R A | TTORNEY DOCKET NO. | CONFIRMATION NO: |
| 09/487,502 01/19/2000 Cynthia Dwork AM9-99-0138 3238 TITLE OF INVENTION: DIGITAL SIGNATURE SYSTEM AND METHOD BASED ON HARD LATTICE PROBLEM | | | | | | 3238 |
| III LE OF INVENTION: | DIGITAL SIGNATUR | E SYSTEM AND METI | HOD BASED ON HARD | LATTICE PROBLEM | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE F | EE TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | NO | \$1400 | \$0 | \$0 | \$1400 | 05/07/2007 |
| EXAMIN | IER : | ART UNIT . | CLASS-SUBCLASS | 05/03/200 | 7 MAHMED2 00200033 0 | 390441 09487592 |
| KLIMACH, PAULA W | | 2135 | 713-180000 | 01 FC:150 | 1 1400.00 DA | |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The enddress indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form pto 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) International Business Machines Corporation, Armonk, New York | | | | | | |
| Please check the appropriate assignce category or categories (will not be printed on the patent): | | | | | | |
| 4a. The following fee(s) are submitted: Status Fee A check is enclosed. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. Payment by credit card of Copies Payment by credit ca | | | | | | |
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| Typed or printed name_ | JOHN | 1 ROGIZ | 9 | Registration No. | 33,549 | |
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